



Consent for Treatment in Group Therapy

We want to welcome you to group therapy at The Kraft Group, Inc. It is important that you first review the following information and policies. In order to start the next module, you will need to sign and date these forms and bring them with you to the first group meeting. **You may not begin group without these forms in place.** Please feel free to ask any questions you may have.

- **Your confidentiality is very important to us.** Your therapist will not acknowledge you as a client, or share any information with anyone about you without your prior written consent. Should you request that your therapist speak with another professional or person (i.e. doctors, current or former therapists, spouses, teachers, family, friends or anyone else outside of the therapy room), your therapist will first ask for your written consent. This form is called a Release of Information. It will be at your therapist's discretion to agree to discuss, consult, or meet with your requested party even with this written release in place as it may not support your healing process to do so.

- Please keep your group therapist contact phone number on hand. Messages are checked daily by each therapist, and calls will be returned as soon as possible and within 24 hours. **Please always leave your phone number**, even if you think it is on file, and the best time to reach you. Let your therapist know if it is urgent and cannot wait until group, and if your therapist may leave a message at your phone number. If it is a life and death emergency, you are advised to call 911 immediately and not to wait for a return call from a Kraft Group therapist. Please respect your therapist's boundaries around frequent contact outside of group. If there is frequent contact, The Kraft Group will require that you pay for this time.

- **In order to attend a group with The Kraft Group, a pre-screen phone meeting is required for all clients before admittance into group. There are no exceptions to this group requirement.**

- **What you disclose in group therapy is confidential. However, there are limits to confidentiality.** The therapists and staff at The Kraft Group take confidentiality very seriously. Your information is confidential, with the exception of information relating to child abuse, or suspected child abuse, child pornography, elder abuse, dependent adult abuse, or intent to harm self or others, or **unless mandated by a court of law**. Legally, therapists are mandated reporters of abuse or intent to harm another. If you are suicidal or homicidal, your therapist with The Kraft Group will take all reasonable steps to prevent harm to you or another.

Legal exceptions to confidentiality are in place to protect your safety and the safety of others. This includes: when there is a reasonable **suspicion** of child abuse (physical, sexual, emotional, neglect), or adult dependent care abuse, elder abuse/neglect; and where a client threatens to harm or kill other(s) (homicide).

If you are homicidal and make a serious threat to hurt another person(s), your therapist will contact 911 and make every attempt to warn the intended victim or victims. Additionally, if court ordered to release records (for example a divorce hearing or custody hearing), your therapist must abide by the court order and may be compelled by court order to testify under oath and thus must answer all questions honestly.

Mandated Reporting of Incidents Involving Minors

A minor is defined as any person who is legally under the age of 18.

Your therapist is obliged under New Jersey law to report to the appropriate authorities any instance where a client discloses that they have accessed, streamed, or downloaded material through any electronic or digital media depictions where a child is engaged in an obscene sexual act.

Should you choose to disclose that you have engaged in any illegal sexual activity with a minor or have knowledge of someone who currently is then we are obligated by law to report it to the authorities.

it is important for you to understand that **all therapists employed at The Kraft Group Inc are mandated to report this to legal authorities.**

Please understand that we are mandated reporters of any sexual acts involving minors. This means that if any of the therapists or staff at TKG learns of any incident involving minors and illegal sexual activity or abuse, **we are legally required to report this to the proper authorities.**

Please know that anything disclosed around offending behaviors with minors (a person under the age of 18 years old) is a reportable offense and your therapist is mandated to report you, your spouse or partner, or your minor child to the proper authorities.

Please sign and date here if you understand the above stated limits of confidentiality and mandated reporting responsibilities of all therapists and staff at The Kraft Group Inc.

Client's signature: _____ **Date:** _____

• **Confidentiality when working with others you know:** There are occasions where your therapist from The Kraft Group may provide therapy for someone you know (a spouse, family member, co-worker or friend) in the TKG practice – either for individual, couples, or group therapy. If your significant other is seen in some capacity within the TKG practice, boundaries of confidentiality will be upheld on both sides. Thus, what you share in group stays in group and is not discussed with your significant other or acquaintance. If you ask for information regarding a person you know that is also a client of The Kraft Group, this will not be discussed with any client unless there is a signed release of information in place from that person.

• **Acknowledgment of Attendance:** Please sign here if The Kraft Group may acknowledge your attendance in group to your spouse, friend, family member or significant other. Please note that acknowledging you does not give permission to share details or information from your group therapy:

Name of person you may acknowledge my attendance to is:

Relationship to this person is:

Client's Signature of Consent:

Group Rules:

- You agree to be free of drugs or alcohol during group therapy sessions.
- You agree to make arrangements for child care as this is an adult setting.
- Recording (visually or audibly) in group is not permitted.
- You agree to miss no more than two group meetings per module. Should you miss more than this you will be asked to leave group, and you will be required to pay for the remaining sessions as your space is reserved for you.

If you are unable to abide by the group rules, are not able to respect boundaries, or the facilitator's direction and feedback, the therapist will speak with you to review the group rules and policies. If after discussing this with you, you continue to disrupt the group with absences or other disruptive behaviors, you will be asked to leave. A therapist is under no obligation to keep a client in group if they do not feel it is in the best interest of the client or the group process.

• **Cell Phones:** Due to the sensitive nature of group therapy, we ask that you turn all electronic devices, cell phones and pagers completely off (this includes ringers, camera or video phones, music tones, and the vibrate, 'buzz' or silent mode, or flashing light mode), in order to respect the process and other group members during the 90 minutes we meet each week.

• **Group therapy sessions are weekly, and are scheduled in advance.** Each group therapy session is 90-minutes and begins and ends on time. Please arrive on time to respect the other group members. The group is closed at 8 members. You have a reserved spot in this group. This means that you are agreeing to honor your commitment to the group process. We ask that you miss no more than 2 meetings as this impacts the flow and bonding of group.

• **Payment:** Payment is due at the start of each month for all group meetings in that month. All payments are non-refundable whether or not you attend group.

• **Group Fees:** On occasion The Kraft Group may offer a client a reduced fee or pro bono spot due to a serious financial situation. Please respect the privacy of others and use discretion if you choose to discuss your group fee. The group fee is \$75 per group member per group unless you are engaged in Individual therapy at The Kraft Group then the rate is \$65 per group.

• **Contact:** Please respect the privacy of your group members in contacting one another via phone or email. Some group members prefer to maintain their privacy outside of group, while others welcome the contact. The best rule is to ask the group member what they prefer. If you

should run into each other in public, please understand that not every group member may welcome contact outside of group depending on their individual circumstances. Please respect confidentiality boundaries.

Please respect boundaries around frequent contacting of the group therapist outside of group.

- **Meeting outside of group:** It is up to you if you choose to meet with one another outside of group. While you may bond with some members over others, please consider reducing cliques and exclusivity as part of your group experience. Please keep contact to a non-sexual nature. Please do not gossip or make suggestive statements or negative comments about your fellow group mates or group therapist. When in doubt, don't.

- **Professional Conduct:** Each member is welcome to discuss their work in group as it applies to their healing process. However, networking for business or soliciting other group members for business ventures, sales, etc. is not a part of therapy. Please refrain from doing this within group.

- **Group Homework:** On occasion exercises will be assigned in group. Homework is sent via email and you are responsible for printing and keeping track of your homework. The group therapist is not responsible for printing services. Some of the exercises may stir up feelings that are difficult for you. You are asked to participate to your comfort level and keep the group therapist abreast of any difficult or challenging feelings that arise.

If you are triggered by a particular reading assignment or exercise, please set the homework aside until you speak to the group therapist and/or your own therapist. Each person will have his or her own experience with group assignments. Some members may enjoy a particular exercise, book, article and such, while others may not.

Your honest experience with exercises, assignments, and reading is important and valuable, however, please refrain from making ongoing derogatory statements about the homework or exercises while reflecting in group as this may bring up shame for others, and may impact their willingness to share openly if they had a more positive experience with the homework. A group book will be assigned each module. This is your responsibility to purchase and to stay on top of the reading.

- **Spirituality:** It is important to note that not everyone in group will share your spirituality or religious beliefs and practices. Clients attending group may be of many different faiths, or may not have a formal religion at all. Please do not assume your higher power is the same for each member. Additionally, some individuals have spiritual and religious trauma. While you are welcome to discuss your faith, your God, and/or your spiritual path, please do so with sensitivity and respect the boundaries of others.

- **Non Discrimination:** The Kraft Group Inc does not discriminate on the basis of race, sexual orientation, religion, gender, or for any other reason. We welcome into our groups many different individuals from many different backgrounds. We do not tolerate racial, religious or sexual orientation slurs or insults. Doing so is a form of bullying and is not tolerated. We seek to create safety and connection in group and ask that you refrain from this kind of behavior.

• **Group Focus:** Please respect the boundaries of other group members and the facilitating therapist. Group therapy is about growth, insight building, challenging self, and healing. Feedback from group members is to be framed with truth, respect and affirmations. Advice is not feedback. Redirecting back to you is not feedback.

• **Group Process:** We typically start each group with highs and lows of the week. This means that you will be asked to share ONE high and ONE low from your week and to be open to feedback from the group. This is not the time to discuss at length all of your highs and lows of the weeks, please choose one of each to bring into group so that each person has a chance to share and to receive feedback and so that the group has time for the exercise processing. If you tend to run over, the group therapist will ask you to wrap up your share time.

• **Group Feedback:** The group therapist will give you clinical feedback both within group and periodically outside of group in order to help support your process. This feedback is an important part of the group experience. When you are receiving feedback, please do not interrupt the group therapist or another group member unless you are feeling highly triggered by this feedback.

• **Terminating Group:** Because of the bonding aspect of group, if you are unable to finish a module due to an unforeseeable crisis or emergency, we will ask that you attend a final group in order for the other members to have closure. Your fee will stand for the remainder of the group meetings, unless the reason for your early departure is due to a life-threatening emergency or health crisis.

There are many reasons why a group therapist may refer a client out of the group including: The client has received what he or she needs from the group, the client is breaking group rules, the client is no longer participating in group in a way that supports the client's growth or the group, the client is missing groups, the client has met their group goals, the group no longer serves the needs of the client.

If you are referred out of group and/or you are not asked to move forward into the next module, please understand that this is a clinical decision and in the best interest of your healing process and that of the group. We will do our very best to provide you with other support referrals that may include Self Help groups or individual therapy. If you choose not to move forward to the next module, the group therapist does not personalize this decision.

Client Contact Phone#: _____

Emergency Contact Person: _____ **Phone #:** _____

Relationship to you: _____

Are there any physical or mental health issues that your group leader needs to be aware of? If so, list here:

If there is a health emergency within group and your group therapist is required to call 911 on your behalf you give The Kraft Group permission to do so and agree to assume all financial debts related to this. Please initial here _____.

Is there anything else that will be important for your group therapist to know? If so, list here:

PLEASE REVIEW, SIGN AND DATE THE FOLLOWING PAGE AND BRING THESE FORMS TO YOUR FIRST GROUP MEETING. YOU MAY NOT BEGIN GROUP WITHOUT THE SIGNED AND DATED FORMS. THESE FORMS WILL COVER ALL GROUPS AND MODULES FROM THE SIGNED DATE FORWARD UNTIL TERMINATION AT A FUTURE DATE/MODULE.

I, _____ consent to treatment in Group Therapy with The Kraft Group Inc.

I recognize that any information I hear within the group revealed to me by other clients is strictly confidential. I agree not to disclose the name of or any information related to any member of the group to anyone outside the group. Such a violation of this trust will result in immediate termination from the group.

I agree to follow the rules of group as outlined on the intake form. I understand the limits of confidentiality as outlined in the Group Policy Form. I understand that a therapist is a mandated reporter of abuse.

I understand that my spot is held for me for these 12 sessions and that the fee is due for each session even if I do not attend. I understand that fees are due for the month at the start of that month.

I understand that if I am unable to respect the boundaries of the group, I will be asked to leave. I understand and agree to respect the therapist's clinical direction. I further understand that even if I abide by all the policies and group rules, I may be referred out of group after the module ends to another group or another form of therapy outside of The Kraft Group as determined by the group therapist. I understand that this is not a personal statement about me; rather it is a clinical direction by the group therapist in what best supports my clinical needs.

If my group therapist sees a spouse, partner, friend or family member in another group or for individual therapy, I understand that the group therapist will not discuss my group therapy information or experience with my spouse, friend or significant other, nor will my group

therapist answer questions or discuss with me any information that my spouse, friend or significant other may share in their therapy or group.

I understand that my therapist will not be placed in the position of a secret keeper. If my group therapist works with my partner or spouse in some other capacity at TKG, and I reveal a secret in group that could impact my significant other, I agree to work with my TKG therapist to reveal this information in a clinical session.

If you have any questions please discuss this with your group therapist. Your signature indicates you understand and agree to group policies, limits of confidentiality, group rules, fees, attendance, termination, and referral out of group.

I have read, understand, and agree to the above clinical policies:

Client's signature: _____ Date: _____

Client's name (printed): _____